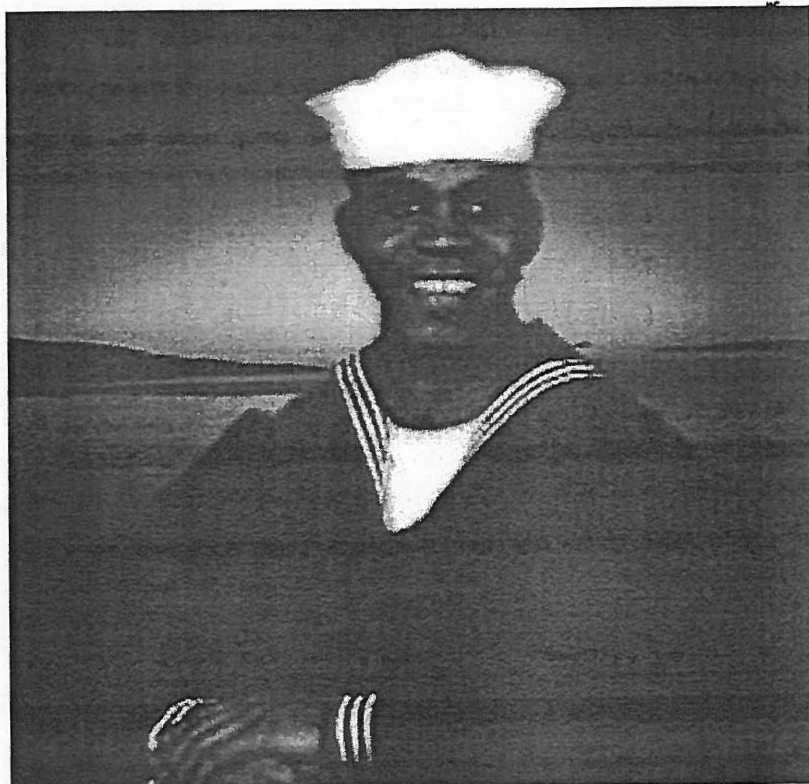


CARIBBEAN PULSE

MAY/JUNE/JULY 2000

NAVAL HOSPITAL ROOSEVELT ROADS



HM3 ROBERTO A. DONALDSON

Fair Winds...

1966 - 2000

AT THE HELM

Operational Support. This is the main reason we are here. The Naval Hospital at Roosevelt Roads has a mandate to support Fleet Operations. Invariably, there will be times when we are put to the proverbial "test" when it comes to meeting the needs of the men and women who serve in an operational capacity on a daily basis. There is no better example of this than the mission on Vieques.

We currently provide support to fleet operations in multiple capacities. These include a permanent presence at the clinic at the Naval Ammunition Support Detachment; an ongoing rotation of EMT and EVOC certified corpsmen at OP1; and a detainee watch bill to provide medical coverage to those individuals who have been held for trespassing on the live bombing range on the Island.

In addition to this, we currently have 37 staff corpsmen assigned to the Naval Station Auxiliary Security Force. There is no way to adequately express the impact this has had on our manpower. I would however like to take this opportunity to commend the staff on their teamwork and flexibility during this period of increased demand on our skills and resources. As always, mission comes first.

On a more somber note, I would like to address the tragic passing of one of our shipmates, Hospital Corpsman Third Class Roberto A. Donaldson. It is never easy to lose a shipmate; what makes it even harder is knowing how bright a future he had. The depth of his loss was felt in the tremendous outpouring of respect and admiration by his co-workers, friends and loved ones.

There are no words of condolence that can express the heartfelt loss we are still coming to grips with - or that can soothe the grief experienced by those whose lives he touched. To his family we extend our deepest sympathy.

Fair Winds, Shipmate...

CO



CAPT G. RUSSELL BROWN, MSC, USN
COMMANDING OFFICER

Naval Hospital Roosevelt Roads

Commanding Officer

CAPT G. Russell Brown, MSC, USN

Executive Officer

CAPT Richard M. Gilbert, MC, USN

Command Master Chief

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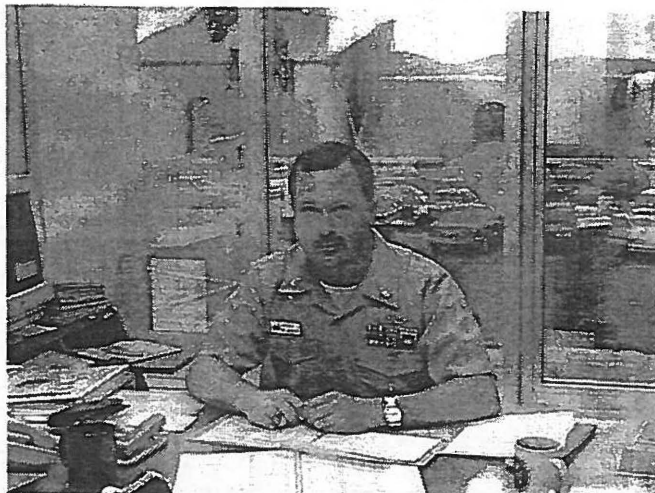
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THE MASTER CHIEF SPEAKS...

102nd Hospital Corps Celebration

What a Celebration! Naval Hospital Roosevelt Roads clearly sets the standard when it comes to putting on a Hospital Corps Ball. This Year's event was the finest ball I have attended. Admiral and Mrs. Green were sincerely impressed, as was Master Chief Weldon. He told me after the event that this had truly been the highlight of his Force Master Chief tour.



HMCM (SW/FMF) Charles V. Ratliff, USN
Command Master Chief

I would like to personally thank each and every member of the Hospital Corps Birthday Ball Committee. Your tireless efforts resulted in a spectacular event! In addition, I would like to thank our Color Guard and the members of the POW/MIA Remembrance detail. You are all the Benchmark of "pride and professionalism." And how about Petty Officer Massey and MS. Julissa Sanchez singing the National Anthem and the Puerto Rican Anthem (respectively)! Great job by both of you! Finally, Petty Officer Hanley, our 1999 Sailor of the Year, did a terrific job as Master of Ceremonies.

Advancements

We recently promoted 28 Sailors from the March advancement cycle. Bravo Zulu to all of you! Your advancements are a direct result of outstanding professional performance and good study habits. Keep charging!!

Some Sailors feel that the advancement process is a difficult topic to discuss. They say that advancements are becoming more and more difficult. I simply don't agree. Yes, advancement quotas remain challenging. However, Corpsmen are being advanced every cycle.

In my opinion, there are two secrets to navy enlisted advancements [those are] - optimism and commitment. Don't say, "Only 10% are being selected for advancement"; instead say "I will be one of those 10% selected for advancement." Finally, you must have the self-discipline to make a strong commitment to study hard. In all of the years I have observed the advancement process, one thing has always remained the same - those who study the most get advanced. Get out those HM3 & 2 questions and study guides and "get that chevron!"

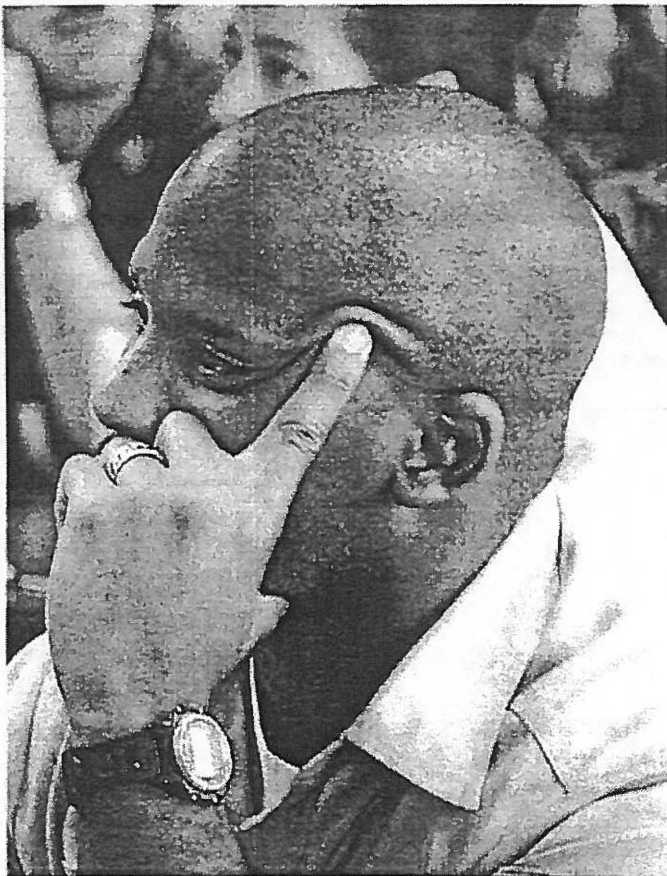
A Thousand Words...



Naval Hospital Medical Service Corps Officers get together for their Annual Photo



Master Chief Ratliff puts the "Pedal to the Metal" as he grinds it out during the Naval Station Triathlon



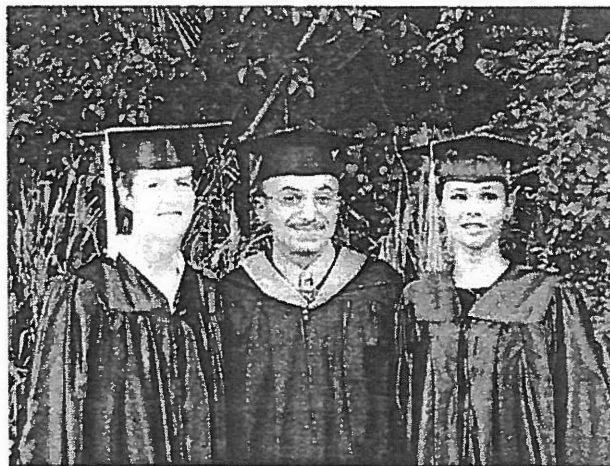
HM2 Orlando Widow, focuses intently during the recent Force Master Chief Call held at the Hospital Galley



CAPT and Mrs. Brown "dress to impress" at 102nd Anniversary Hospital Corps Ball



Brand New EMTs are recognized on the Hospital Quarterdeck

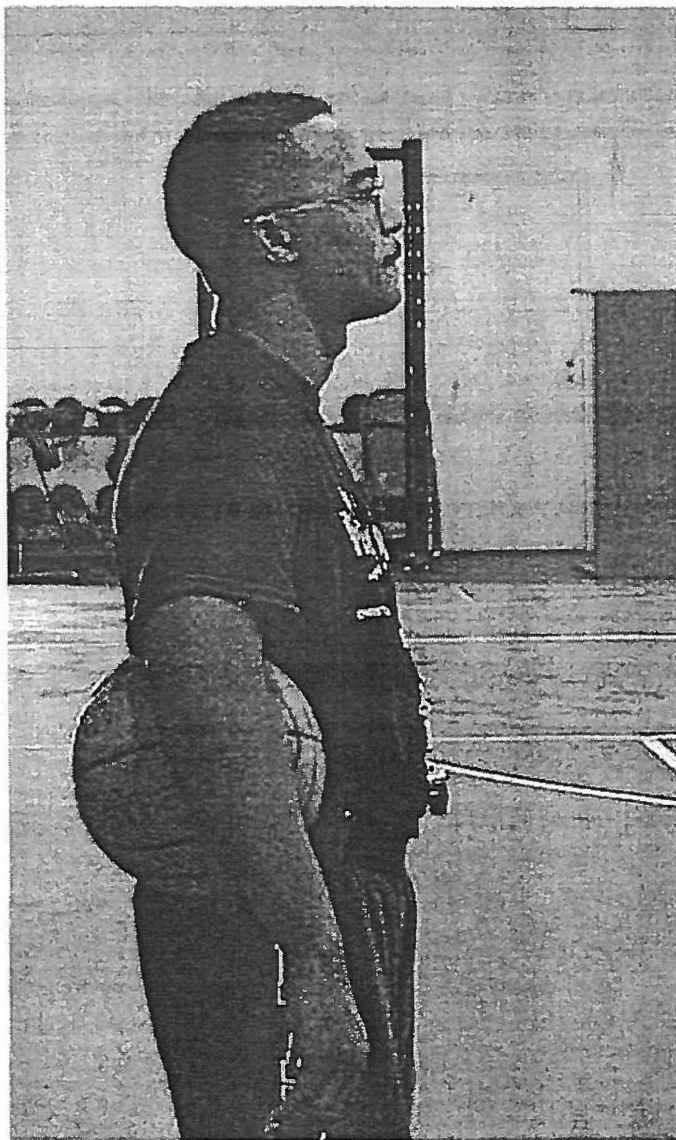


Pomp and Circumstance and Mi-Mi's were all a part of this Year's Spring Graduation Ceremony



DR. Mueller explains the ins and outs of the OB/GYN clinic to Mrs. Wilhelm and Mrs. Green. The General's and Admiral's wives (respectively) took a guided tour of the Hospital.

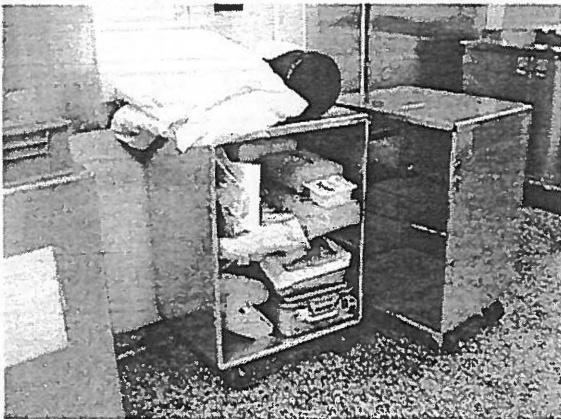
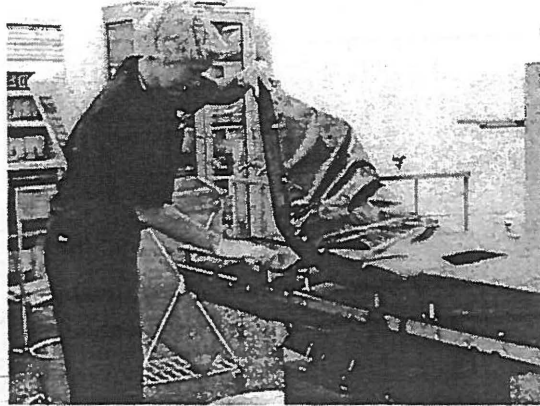
Chaplain Buford examines his squad at the opening of the recent Christian Boys Basketball Camp, held at the Roosey Roads High School Gymnasium. The Camp, sponsored by the Naval Station Chapel and run with the help of volunteers (including Chaplain Buford and LTjg Aaron Bailey, Naval Hospital Physical Therapy Clinic), taught both basketball and life fundamentals -from a Christian perspective- to youth who range from the ages of 8 - 15 years old.



A day in the life...

The Caribbean Pulse examines a Typical Day in the OR
Story By HM2 Michelle Hamilton, OR Tech

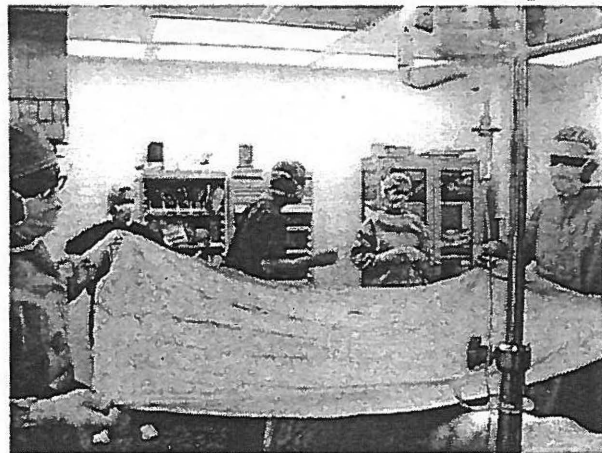
On a typical day in the operating room, or "OR" as everyone refers, begins by mustering and informing the crew of what is in store for the today. The surgical team is composed of what we call scrubbed and circulating persons. Those who scrub their hands and arms and don sterile gowns and gloves are referred to as the scrubbed persons; while those who supply the needs of the scrubbed team members, coordinate room activities, and attend to patient needs are referred to as the circulating persons (nurses).

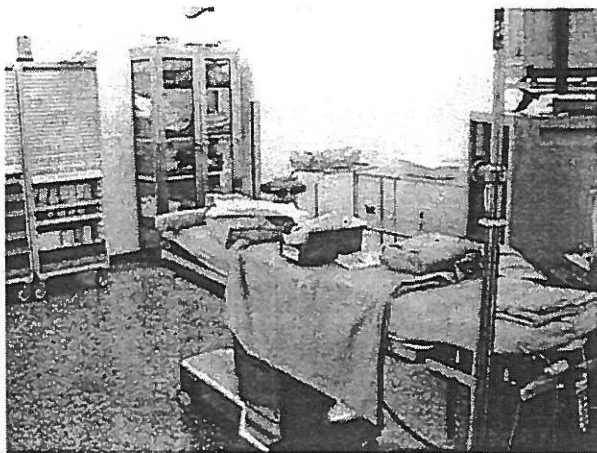


Covers are cuffed to provide protection for sterile contents. (You must avoid contact with sterile area by keeping all fingers under the cuff as the cover is drawn over the table to expose the inner pack.).

Good judgement must be used when dispensing items - either by presenting them to the scrubbed person or by placing them securely on the sterile field without impeding or compromising the surgical integrity.

When the team enters the room, a thorough wipe down of the surgical bed and all equipment located in the room must be performed to eliminate dust and any debris that might have settled over night. The circulating tech then starts to open and prepare for the case that will be performed in the room. When opening sterile packages, circulator must open the corner nearest to the body last to avoid potential contamination of the inner pack.





From this point on every thing now is considered a sterile environment. You must have on the proper attire to enter into the operating room. Access to the room is now restricted to the surgical team. This decreases "possible infection rate" to the patient and quality control review process for the surgical team. While the circulator is preparing the room for surgery the scrubbed technician or nurse is outside of the room getting ready to wash their hands and arms.

Before beginning the surgical scrub, the scrub members inspect their hands to assure their nails are short and free of polish, their cuticles are in good condition and no cuts or skin problems exist. All jewelry is removed and the cap is adjusted to cover all contents of the hair. A mask is carefully placed over the nose and mouth and tied securely to prevent venting- or the accidental release of air. Protective eyewear is comfortably adjusted to ensure clear vision and to avoid lens from fogging. The hands and forearms are dampened and a few drops of the antimicrobial soap is used to make lather.



The hands and forearms are washed to a level well above the elbows. Each member of the surgical team receives a cleaning package consisting of a scrub brush and nail cleaner. The package is opened and the brush is held in one hand while the nails are

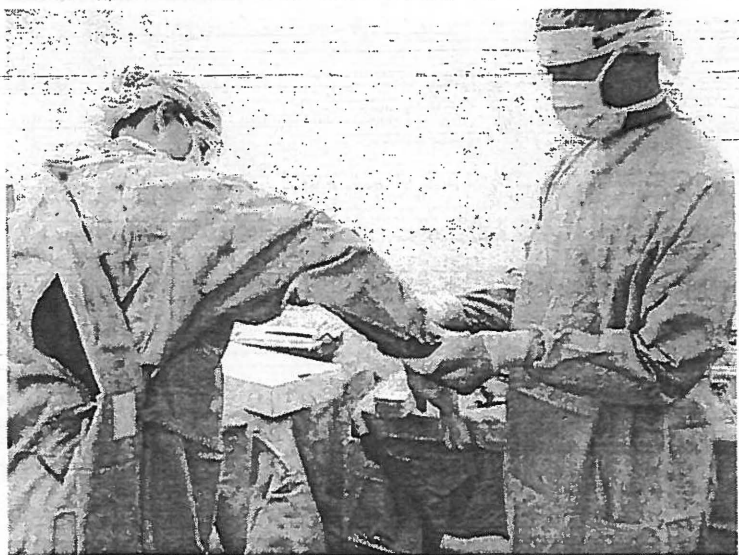
being cleaned out with the stick provided. After this the hands and arms are rinsed thoroughly; care is taken to hold the hands higher than the elbows. All sides of each digit are scrubbed at least 20 counts. In other words you would have performed 80 counts on one finger. There are four planes all together that must be scrubbed. Once you finished with one hand then you take the brush and pass it through the water to begin the other side. Keep in mind that the hands are held above the



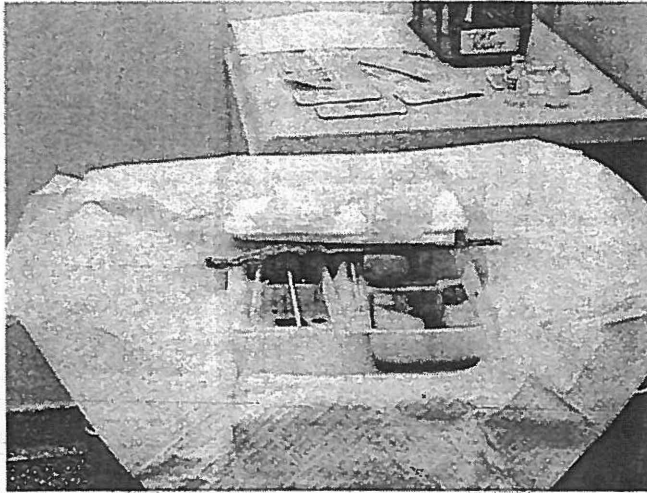
level of the elbows while scrubbing to allow the water and detritus to flow away from the first-scrubbed and cleanest area. The brush is discarded and the hands and arms are rinsed thoroughly. While being held up in front of the body with the elbows slightly flexed you are ready to enter the room. A good hand scrub takes approximately 10 minutes.

A sterile towel is awaiting on the top of the gown which is grasped firmly and carefully trying to prevent water from dripping onto the "mayo" stand table where your glove and gown is located. The person steps away from the sterile field and bends forward slightly from the waist, holding the hands and elbows above the waist and away from the body. The top half of the towel is held securely with one hand, and the opposite fingers and hand are blotted dry. You repeat the same procedure but flip the towel upside down to dry the other hand. Now you are ready to glove and gown.

The sterile gown is grasped at the neckline with both hands and lifted from the sterile gown wrapper. The gown is held away from the body and allowed to unfold with the inside of the gown toward the wearer. Both hands are slipped into the open armholes at the same time, keeping the hands at shoulder level and away from the body. The circulating member will come and reach under the flaps of the gown to pull sleeves on the scrub tech up and snap the neckline so that the gown can fit comfortably, touching only the unsterile area. When donning



gown, scrub does not let the hands extend from the sleeves. Next come the gloves.

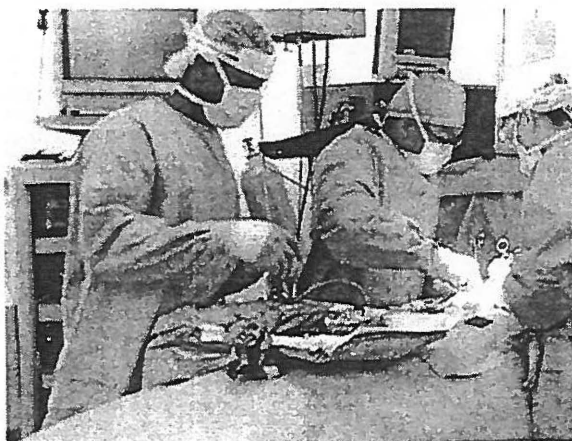
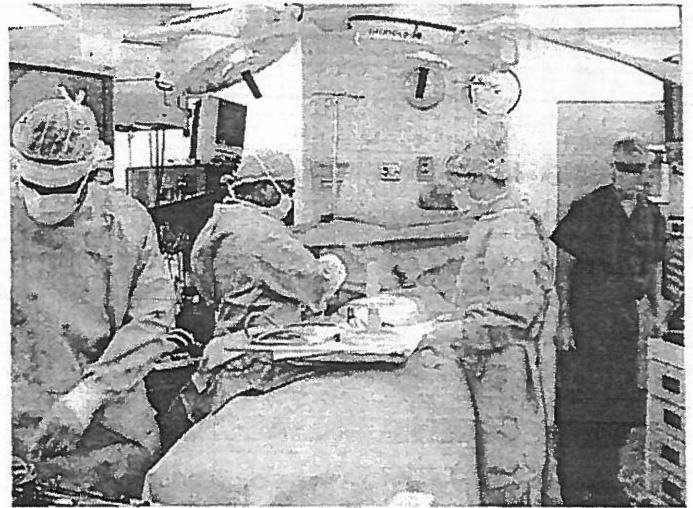


There are two methods of gloving. There is open glove and closed glove. The one I will mention is the closed glove technique.

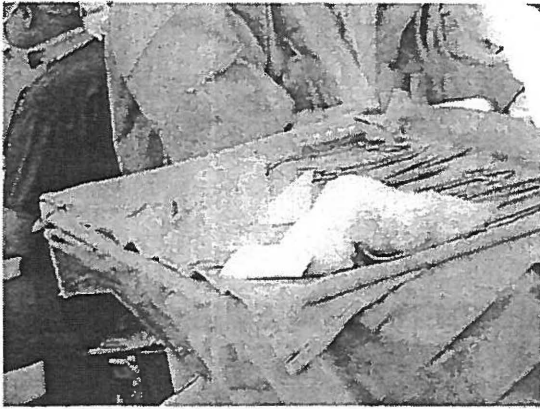
The scrub takes one glove from the inner glove wrapper by placing a thumb and index finger of the opposite hand on fold of the inverted cuff at a point in line with the glove's palm and pulls the glove over the hand, leaving the other cuff turned back. Then the second glove is put on using the fingers to place under the

inverted cuff and drawn over the gown. Now you are ready to set up for the case and prepare for the surgeon's arrival.

Everything will flow accordingly if properly set up right. The circulating member has everything prepared for you as far as opened gear and the right instrumentation necessary for the case that is going to be performed. You as the scrubbed member must try and ensure that your area stays sterile. Keeping sterile areas in view during movement around the area and maintaining at least 1-foot distance from sterile fields help to prevent accidental contamination. While you are setting up your field the circulating member is now prepping the area the patient will be worked on.



The surgeon will instruct what needs to be prepped and where he will make his incisional cut. You must set the chux pads (a sterile absorbent under pad) around the affected area to prevent sloughing of the surgical scrub all over other parts of the body and around the room. Normally while the prep is being done on the patient the surgeon is washing his hands and getting ready to enter the room. You will gown and glove the

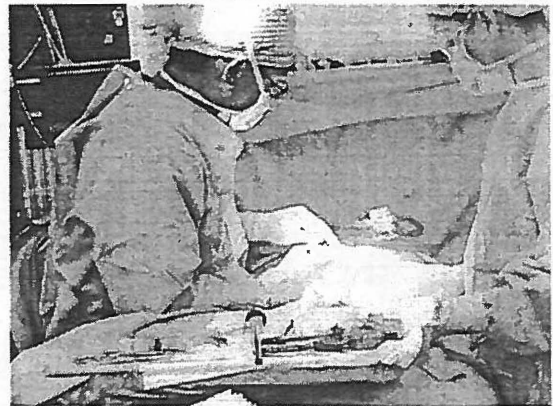


surgeon and his attending staff members in the same manner as you gown and gloved yourself.

The surgery is ready to begin. The first thing to be performed is the draping procedures. You have to establish a sterile barrier that minimizes the passage of microorganisms between sterile and non-sterile areas. The drapes are resistance to fluids and abrasions. After all drapes have been donned, then the surgical toys (light handles, cords, suction, and cauterizing) are

given to the surgeon for him to position them where it will be accessible to fit his needs. Start time is when the surgeon first cuts skin.

Once the surgery is over then the first person to break scrub will be the physician. You as the scrub member must stay sterile until the word is given for you to break scrub. This is in case an emergency happens and the patient needs medical attention stat (urgently). If this occurs the surgeon will gown and glove and do whatever is necessary to save the patient. If you both are un-sterile this poses a health hazard to the patient.



To remove the gown and glove once the word has been given, grasp the front of the gown and pull straight out. The gloves will be attached to the gown and come off easily. This method will prevent any cross-contamination



After the patient is out of the room then the terminal field day of the room starts. Everything within the room will be wiped down and the floor will be wetvac. The room will then be set up and ready for another case to follow.

There you have it a typical day in the life of the Main Operating Room.

Lactation Room Open For Business

By LT Alison Martz, NC, USN

In recent years, breastfeeding has been identified as the preferred feeding method for all newborns, with the American Academy of Pediatrics recommending exclusive breastfeeding for at least the first 6 months (preferably for a year) of a newborn's life. At first glance, this seems to be an easy thing to do, but what about those moms who are going back to work after their baby is born such as the active duty mothers who must be back after their 42 days of maternity leave? How are they to provide their newborns with the current recommendations by the experts, the best food for their newborn, and why is it in their best interest to breastfeed at all?



SN Latoya White and newborn son Infinity enjoy some quality time in the Naval Hospital's new Lactation Room

Many people are inclined to say "just give the baby some formula and call it a day", but do they really know why breastfeeding is so much better for newborns, mothers and WORK PRODUCTIVITY? The benefits of breastfeeding are numerous. It's a specially formulated food that adapts to the infant's individual growth needs, and it's easily digested by the newborn's immature digestive system. The infant benefits from the mother's immunities that are passed through the breastmilk which have been shown to decrease the number respiratory and gastrointestinal (stomach) infections as well as otitis media (outer ear infections) in breastfed infants. What does all this have to do with work productivity? It means less newborn illness, less trips to the doctor's office, less maternal stress, and less absenteeism at work. Let's not fail to mention the other benefits of promoting breastfeeding for the working mother. Breastfeeding aids in losing pregnancy weight, costs less than formula, and has been shown to decrease the risk for breast cancer. Simply providing an environment of comfort and support eases the transition back to work for mom and gives her the peace of mind that she has the opportunity to provide a superior form of nutrition despite having to go back to work.

Many women who are back at work after having a baby are unable to continue breastfeeding because they have inadequate support to do so. What does it mean to support? In order for a mom to continue breastfeeding while working, she must be able to pump (or feed her infant) during the workday so that (1) her milk supply does not go down, (2) she is not in excruciating pain from being engorged, and (3) she can provide a supply of milk for her baby in her absence. Majorities of working women do not have a personal office where they can have privacy to pump their breastmilk. Many must resort to a bathroom in order to pump food for their babies...could you imagine eating your lunch in the bathroom? Providing a workplace lactation room is one excellent way that these moms can be supported in their decision to breastfeed by providing a clean, comfortable place for them to pump.

The Naval Hospital has recently created a room for just this purpose. It is a private room where staff members can go and pump food for their babies often as they need to while at work-sometimes 3-4 times per day. Secondly, it serves as a place where women who are having breastfeeding problems can go to talk with one of the lactation specialists at the hospital. Finally it is for women who have appointments at the hospital and desire privacy to breastfeed their infants. The room is located on the second floor of the hospital on the Inpatient Services Unit.

If you are interested in using this room or have questions about breastfeeding and returning to work, call 865-5911 and ask for one of the lactation specialists.

MISS World Puerto Rico Makes Captain's Call at Naval Hospital

Photo's and Story by HN Daniel Henry, Naval Hospital Public Affairs



Arlene Torres, Miss World Puerto Rico 1999, stops by Pediatrics on her tour of the Naval Hospital

There are certain things sailors learn to expect during a Captain's call. The state of the fleet, upcoming events, explanations as to why there isn't enough budget money for T-bone steaks every week in the galley, PRT and eval questions, beauty queen's stopping by to say hi....

Beauty Queens?

Yes Beauty Queens...at least this was the case on July 25th, 2000, as the reigning Miss World Puerto Rico, Ms. Arlene Torres, stopped by to thank the Naval Hospital staff for the excellent care received by her grandmother, Ms. Aurea Martinez, whose late husband, Mr. Rivera Ramon Martinez, was retired from the army as a SGT First Class. Ms. Torres was taken on a tour of the hospital by the Naval Hospital's Public Affairs Officer, LT Susan Laboy, where she got the opportunity to meet and greet the staff.

One of the highlights of the visit was when the Ms. Torres dropped in on Captain's Call to say hello. To say that the Sailors (particularly the male sailors) were pleasantly surprised would be a major understatement. Captain Brown, Naval Hospital Commanding Officer, gave Ms. Torres the floor and she took the opportunity to tell everyone how impressed she was with the facilities and that she genuinely appreciated the wonderful care her grandmother has been receiving.

Captain Brown presented Ms. Torres with a certificate commemorating her visit - as well as a command photograph and command coin. The Naval Hospital Chaplain, LT Maurice Buford, even convinced Ms. Torres to come back on Sunday for the Contemporary Worship Services' Family Sun and Fun Day at All Hands Beach- which she happily attended.

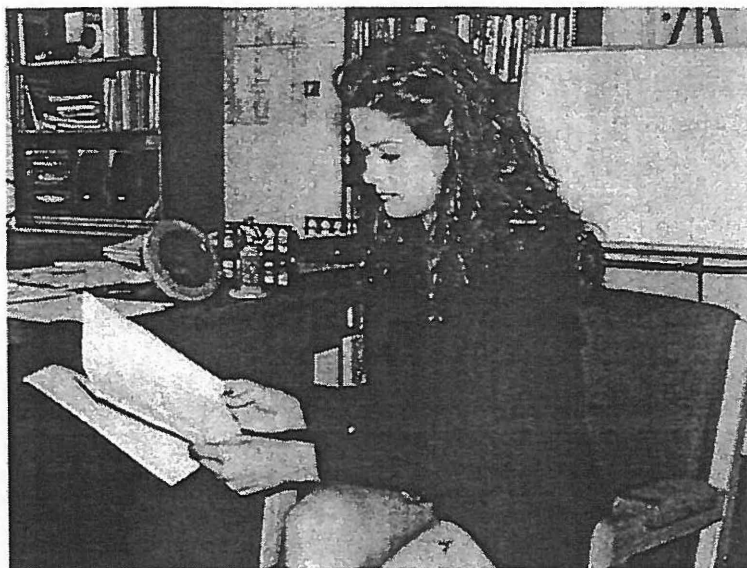
Ms. Torres, who is currently in school majoring in graphic design, will relinquish her crown in September as the next Miss World Puerto Rico is selected.



Ms. Torres, her Aunt Ms. Isis Martinez and her Grandmother, Mrs. Aurea Martinez smile for the camera while waiting to see the Doctor at the Internal Medicine Clinic



Ms. Torres a Photograph of the hospital from CAPT Brown



Arlene stopped by the Pastoral Care Office during her visit and Chaplain Buford shared with her some of the projects that the Naval Hospital has participated in out in the Community. He also took the opportunity to invite her to church service on Sunday...which she happily attended.

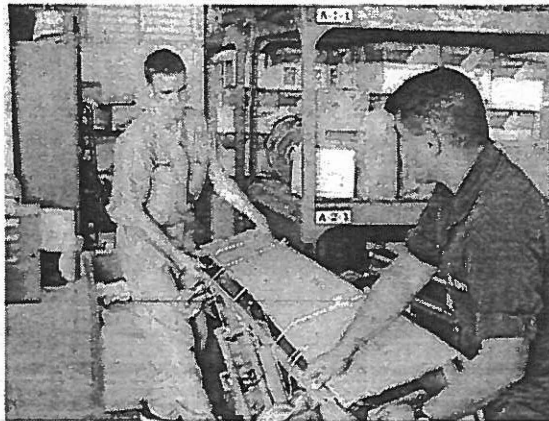


Ms. Torres, LT Laboy, Public Affairs Officer & LCDR Shaw, Naval Hospital DFA, talk about some of the places she's been during her reign as Miss World Puerto Rico

Leadership Student Finds Beds for Local Nursing home

By HN Daniel L. Henry, Naval Hospital Public Affairs

Sherri Vidal, an enterprising student at Roosey Roads High School, recently was recently faced with a dilemma. As part of the curriculum of her leadership class, she had to come up with both an independent and group community service project. Ms. Vidal proposed the idea of donating some time to a retirement home - with a little luck, she figured she could even convince her dad, Jesus Vidal, Facilities Manager at the Naval Hospital, to come sing to some of the residents.



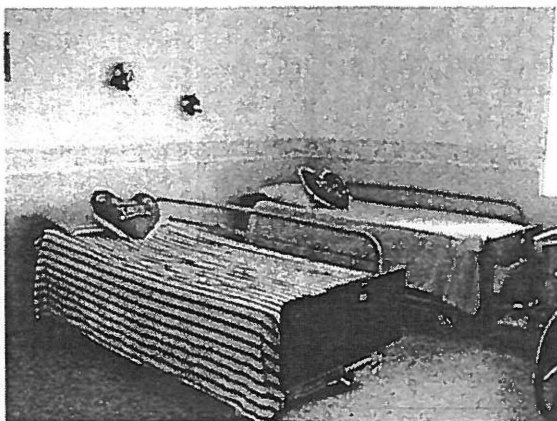
Her teacher liked her idea so much, she decided to use it as a project for the entire class. The next step would be to find a home.

Ivelisse Nieves, one of Sherri's classmates, suggested that the students help out a home in her neighborhood, El Verde. El Verde Homecare, a small facility located about 25 minutes from



Naval Station Roosevelt Roads, meets the needs of 20 patients or more, at any given time. The nursing home, which was founded 18 years ago by Ms. Brunilda Aponte (and is run with assistance from her daughter, Ms. Jennifer Batista), receives no public funding, and is entirely dependent on the generosity of others. Most of the residents are homeless or physically disabled.

The students set the start of their project for Valentines Day, February 14th, 2000. The NEX and other agencies donated monies and materials and the students were able to take the residents many gifts - including handmade "heart-shaped" pillows with their names on them. The students were so deeply touched by this initial visit that they decided to come up with more ideas to help their newfound friends.

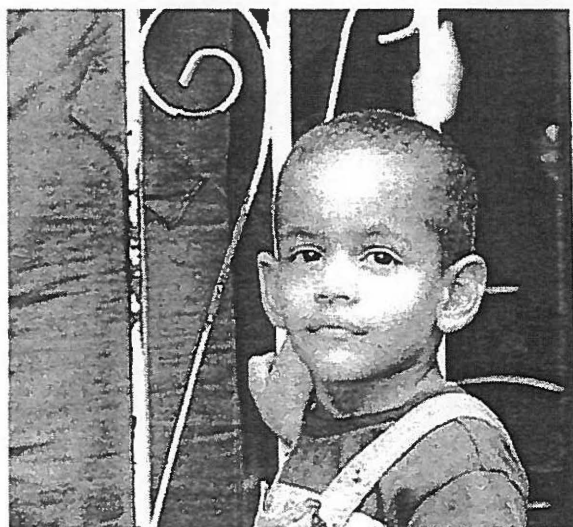


The class members organized a charity drive at the high school where students would receive community service hours based on what they brought in. Medical supplies, wheelchairs, canes, sheets, toiletries, etc., were the types of items that they felt would best benefit the residents. Since her dad already worked there, Sherri asked if he thought the hospital might be willing to donate a

wheelchair to the students' cause. After asking around, Mr. Vidal informed Sherri, to her dismay, that he wasn't going to be able to locate her a wheelchair. Her dismay quickly turned to joy, though, after her father asked her if she thought she could use about 30 or so adjustable hospital beds.

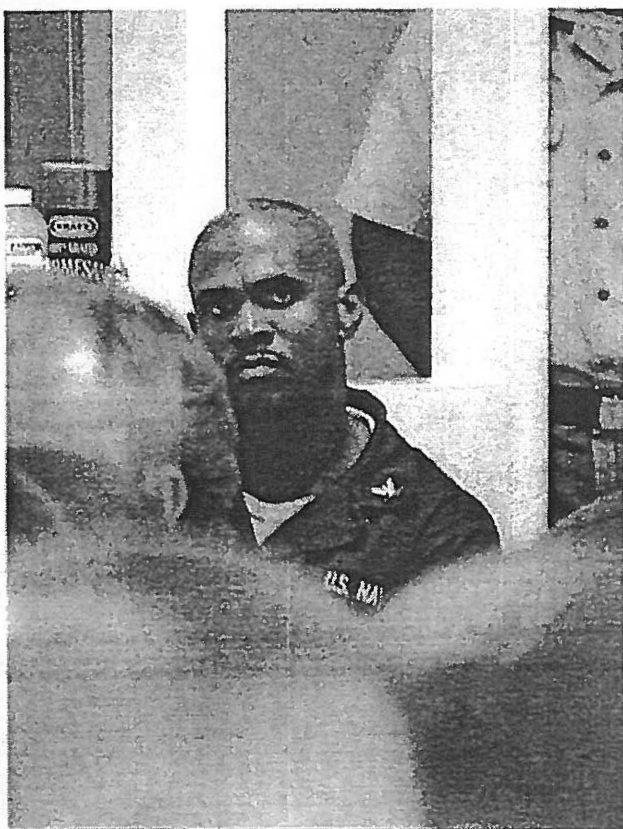


Sherri and her father, brought her idea to the attention of his Department Head, LCDR Scott Waniowski, who, with the hospital's Commanding Officer's blessing handled all the legal aspects of getting the bed's transferred to DRMO and ultimately donated to the Nursing Home. In May, a total of thirty (30) beds (frames



& mattresses) were transported to El Verde Homecare. According to Sherri, the "sweet...patients really enjoy their new beds, where they play with the buttons all day, moving them up and down."

Ms. Vidal's hard work and initiative, and above all else, her selfless and caring attitude, have added immeasurably to the lives of those she has helped.



Roberto Donaldson listening intently during the Force Master Chiefs Call, June 15 2000

GONE TOO SOON...

PERSONAL THOUGHTS FROM THE EDITOR,
HN DANIEL L. HENRY, NAVAL HOSPITAL PUBLIC AFFAIRS

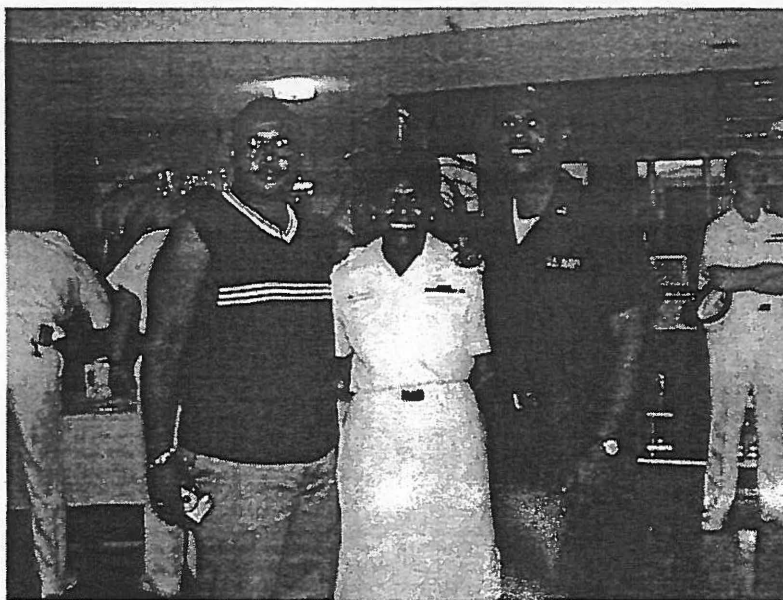
One morning while I was on duty, HM3 Donaldson came in and asked me if I could give him a ride down to the pier to catch a catamaran over to Vieques. I told him ok, but all the vehicles were parked in the rear and he would have to wait until I went and picked one up. Roberto told me not to go get the vehicle- since he would be gone for three days he told me that I could just keep his car until he got back. We left the Hospital and I showed him how to get to the pier. After he unloaded his gear, he handed me the keys to his car and I got ready to leave when I noticed several lights flashing on his dashboard. I called out to him to ask him what was wrong.

"Oh, I almost forgot," he said, "I don't have any brakes...so you're going to have to drive *real* slow. And could you put some gas in it -I think it's on empty." Needless to say, after driving very slowly (and praying very fast), I parked his car in the first empty space I saw...and left it there 'til he got back!

It seems like I have a million Donaldson stories. It also seems like every one makes me laugh when I think about it. We had that type of relationship. The funny thing is though; I still have trouble accepting that he's gone.

Life, as we have all come to realize, is anything but predictable. If anyone had suggested to me that we would suffer such a tragic and unnecessary loss of life, I would have looked at him or her with a high degree of skepticism. I mean, [of course] I realize that our fates are not our own to control -but there is no way to adequately prepare for the myriad sensations of grief that come with losing a shipmate, co-worker, and most importantly for many of us, a friend. Ultimately though, our lives go on; And we, as individuals, will grow past our personal loss and realize that, though Roberto has left us in the physical sense, his spiritual presence will remain with us indefinitely. While we have lost our friend, we have gained the legacy of the treasure of his memory-and my life, for one, has become all the richer.

Though, I could still use the \$20.00 I let him borrow.



Myself, HM1 Sonja Edwards, and HM3 Roberto Donaldson after the December Frocking Ceremony

REMINISCENCE FOR A FRIEND

©2000, Daniel L. Henry

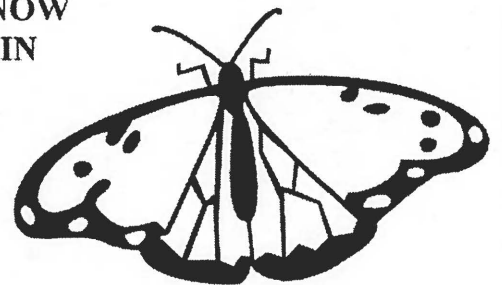
HAVE YOU EVER STOPPED TO THINK ABOUT
THE LITTLE THINGS IN LIFE...
THE SOUND OF BLOWING WIND, THE GLOW OF CANDLELIGHTS?
THE FEEL OF MOISTENED SAND AS YOU RAN ACROSS A BEACH,
TRYING TO CATCH A BUTTERFLY JUST BEYOND YOUR REACH?

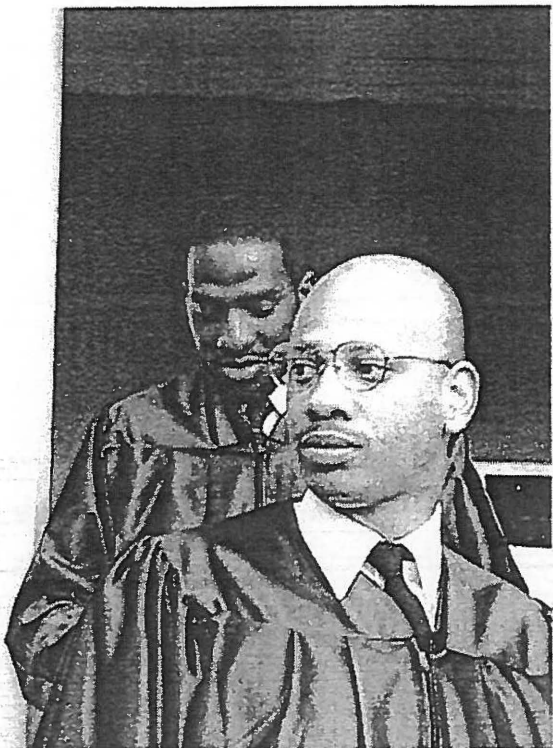
HAVE YOU EVER STOPPED AND LISTENED TO
THE RYTHM OF THE RAIN...
OR ROLLED AROUND IN MORNING DEW...
OR TASTED SUGAR CANE?
WILED AWAY THE HOURS ON A LAZY AFTERNOON?
STOLE YOUR SWEETHEARTS KISS BENEATH
A SHINING SUMMER MOON?

HAVE YOU EVER CLOSED YOUR EYES AND
SMELLED THE BEAUTY OF A ROSE...
PLAYED HIDE AND SEEK WITH CHILDREN...
MADE PEOPLE OUT OF SNOW?
DID YOU EVER WANT TO MEET SOMEONE BUT
DID NOT KNOW WHAT TO SAY?
HAVE YOU PUT OFF FOR TOMORROW
WHAT YOU COULD HAVE DONE TODAY?

DID YOU GET THE CHANCE TO KNOW ROBERTO
FOR JUSTA LITTLE WHILE?
DID YOU LISTEN TO HIS DREAMS...
SEE HIS INFECTIOUS SMILE?
DID YOU SEE HIS GREAT POTENTIAL IN THE TWINKLE OF HIS EYE?
DID YOU EVER HEAR HIS LAUGHTER? DID YOU GET TO SAY GOODBYE?

HAVE YOU EVER HAD THE CHANCE TO SAY
I LOVE YOU TO A FRIEND?
TAKE THE TIME TO SAY IT NOW
IT MIGHT NOT COME AGAIN





The Verdict is in...and justice is served as Marlow Levy and Master Chief Hodges strike an authoritative Pose prior to receiving their degrees.

CLASS ACTS OF 2000

Naval Hospital Graduates at the Top of the Class in Spring Ceremony

ASSOCIATE'S DEGREES

Kristin Deckard

Timothy Hanley

Clarence Hodges

Michelle Jennejhahn

Marlow Levy

LeNae Pecenka

Meedeessa Livingston

Topaze Rawlinson

Mark Tomlin

Bachelor's Degrees

Monicka Boyd

Kersandra Brunson

Catherine Funderburg

William Harlow

Marvin Holleman Jr.

Patrice Moorer

Ammie Norris

Jeffrey Patrick

Jacqueline Reck

Ronald Singleton

Michael Stevens



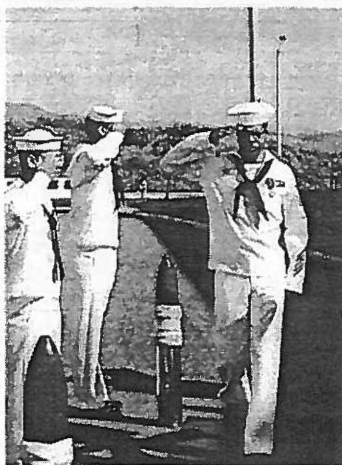
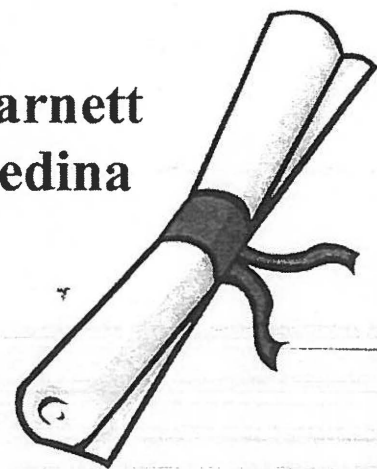
Jacqueline Reck makes education a family affair



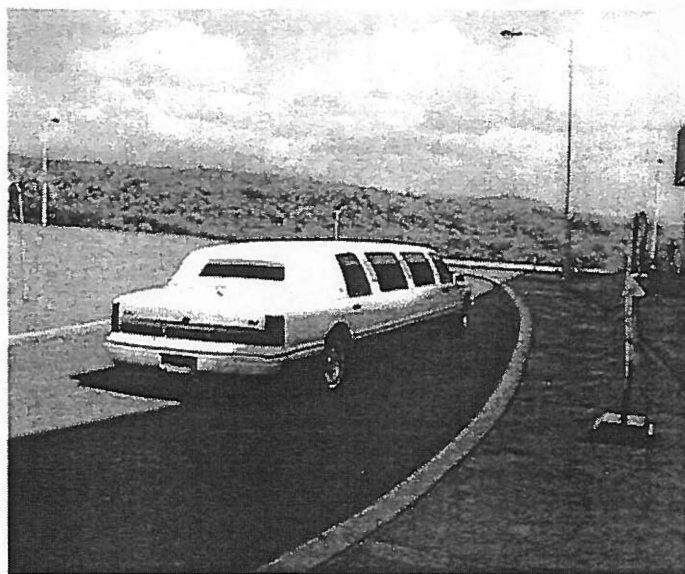
Jewel Anthony is well dressed for the occasion as she waits to receive her degree.

Master's Degrees

Vera Garnett
Jose Medina



In one of the most original and "acoustically memorable" retirements ever, HM1 Melendez, retired after 20 years of Naval Service. His wife and two children accompanied Petty Officer Melendez as he was piped ashore for the last time. Usually this is where most retirements end, but this was actually where the party started as Melendez and his partner HM2 Aponte, hopped on the back of an open bed pick-up truck and played a rousing rendition on the conga drums. After making 2 circuits around the Naval Hospital Grounds - with shipmates dancing on the sidewalk - Melendez jumped off the back of his truck, gave a few big Hugs and kisses to his friends, saluted the Skipper and slid into the back seat of a white stretch limousine and drove off into retirement. And the beat rolled on...

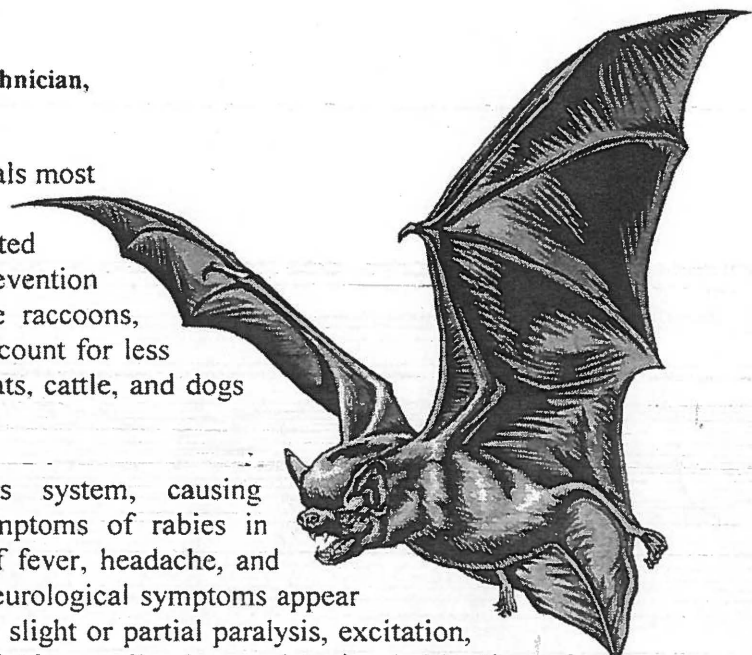


PUBLIC HEALTH IMPORTANCE OF RABIES

HM2 Sandra D. McBride, Preventive Medicine Technician,
Naval Hospital Roosevelt Roads

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. The vast majority of rabies cases reported to the Center for Disease Control and Prevention (CDC) each year occur in wild animals like raccoons, skunks, bats, and foxes. Domestic animals account for less than 10% of the reported rabies cases, with cats, cattle, and dogs most often reported rabid.

Rabies virus infects the central nervous system, causing encephalopathy and ultimately death. Symptoms of rabies in humans are initially nonspecific, consisting of fever, headache, and general malaise. As the disease progresses, neurological symptoms appear and may include insomnia, anxiety, confusion, slight or partial paralysis, excitation, hallucinations, agitation, hypersalivation, difficulty swallowing, and hydrophobia (fear of water). Death usually occurs within days of the onset of symptoms.



Rabies vaccine and immune globulin

There is no treatment for rabies after symptoms of the disease appear. However, two decades ago scientists developed an extremely effective new rabies vaccine regimen that provides immunity to rabies when administered after an exposure (post-exposure prophylaxis) or for protection before an exposure occurs (preexposure prophylaxis). Although rabies among humans are rare in the United States, every year an estimated 18,000 people receive rabies preexposure prophylaxis and an additional 40,000 receive post-exposure prophylaxis.

Pre-exposure prophylaxis



Preexposure vaccine is recommended for persons in high-risk groups, such as veterinarians, animal handlers, and certain laboratory workers. Such persons should have a serum (blood) sample tested for antibody every 6 months and receive a booster vaccine, when necessary. Preexposure prophylaxis consists of three doses of rabies vaccine given on days 0, 7, and 21 or 28.

Postexposure prophylaxis

Post-exposure prophylaxis is indicated for persons possibly exposed to a rabid animal. Possible exposures include animal bites, or mucous membrane contaminated with infectious tissue, such as saliva. Post-exposure prophylaxis consists of 5 doses of rabies vaccine given over a 28 day period. The first dose should be given as soon as possible after exposure. Additional doses of rabies vaccine should be given on days 3, 7, 14, and 28 after the first vaccination.

What you can do to help prevent the spread of rabies

Be a responsible pet owner:

- Keep vaccinations up-to-date for all dogs, cats and ferrets. This requirement is important not only to keep your pets from getting rabies, but also to provide a barrier or protection to you, if your animal is bitten by a rabid wild animal.

- Keep your pets under direct supervision so they do not come in contact with wild animals.

- Spay or neuter your pets to help reduce the number of unwanted pets that may not be properly cared for or regularly vaccinated.



Avoid direct contact with unfamiliar animals:

- Enjoy wild animals (raccoons, skunks, foxes) from afar. Do not handle, feed, or unintentionally attract wild animals with open garbage cans or litter.

- Never adopt wild animals or bring them into your home. Do not try to nurse sick animals to health. Call animal control or an animal rescue agency for assistance.

- Teach children never to handle unfamiliar animals, as well as adults.

- When traveling abroad, avoid contact with wild animals and be especially careful around dogs in developing countries. Rabies is common in developing countries in Asia, Africa, and Latin America where dogs are the major reservoir of rabies. Tens of thousand of people die of rabies each year in these countries. Before traveling abroad, consult with a health care provider, travel clinic, local health department, or the Preventive Medicine Department at Naval Hospital Roosevelt Roads at 865-5744 about the risk of exposure to rabies, preexposure prophylaxis, and how you should handle an exposure, should it arise.

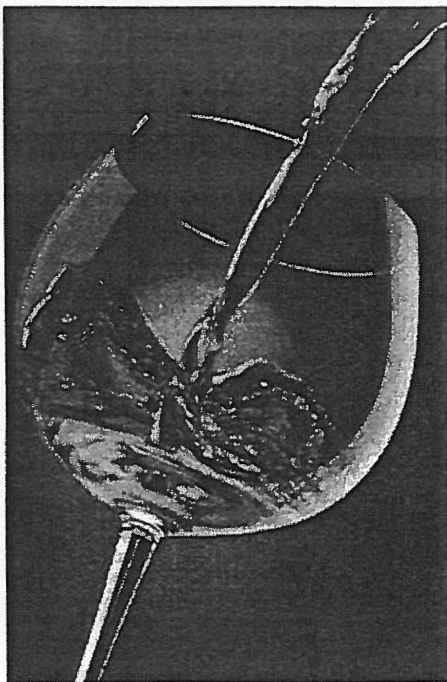
Understanding Sexual Assault

Patricia McDonald, LCDR, NC, USN
Certified Nurse-Midwife and Women's Health Nurse Practitioner
Staff, OBGYN Clinic, Naval Hospital Roosevelt Roads

Sexual assault affects all women, no matter what their age, race or economic status. All women are potential victims of sexual assault. Somewhere in America, a woman is sexually assaulted every 2 minutes. Roosevelt Roads receives between 1-3 reports/month involving sexual assault and/or rape. One of the most startling aspects of sex crimes is how many go unreported. The most common reasons given by women for not reporting these crimes is the belief that it is a private or personal matter and that they fear reprisal from the assailant. Approximately 68% of rape victims knew their assailant. One in every four rapes takes place in a public area or in a parking garage. 68% of rapes occur between the hours of 6 p.m. and 6 a.m. At least 45% of rapists were under the influence of alcohol or drugs. 75% of female rape victims require medical care after the attack. While 9 out of 10 rape victims are women, men and boys are also victimized by this crime. Teens 16 to 19 were 3 1/2 times more likely than the general population to be victims of rape, attempted rape or sexual assault.



90% of all sexual assault victims are women -with teenagers 16-19 years nearly 4 times more likely to experience some form of sexual assault



Drinking responsibly is one way to decrease the likelihood of Sexual Assault

By being aware, a woman can reduce the likelihood of becoming a rape victim.

Some helpful suggestions to reduce the risk of sexual assault and rape include:

1. Become aware of locations and situations where rape is more likely to occur and avoid them or take precautions.
2. The majority of rapes that occur are termed "acquaintance rapes" - the rapist and victim know one another. Trust your instincts. If you become uncomfortable in a situation, assertively ask that person to leave or leave the situation with another trusted person. If possible, let a friend or roommate know who you are with and where you will be.
3. While in your car, keep windows and doors locked. When parking at night, select a place that will be well-lit. Don't hesitate to ask security or a trusted person to walk you to your car. Have your keys ready when returning to the car and check the interior of the car before getting in. If you should be followed home, stay in your car with the doors locked and sound the horn to get the attention of neighbors or scare the other person off.
4. DO NOT HITCHHIKE. When walking, walk near the curb and avoid passing close to shrubbery, dark doorways and other places of concealment. Avoid short cuts through parking lots and alleys. If someone is following you, go to the nearest house or store. Avoid walking alone. Don't jog in secluded areas.

5. At home, keep your doors locked. All entrances and garages should be well-lit. Ask for proper identification before opening the door and refuse entrance to someone if you feel uncomfortable.
6. When you go to a party, go with a group of friends. Arrive together, watch out for each other and leave together. Don't leave your beverage unattended or accept a drink from an open container. Limit your alcohol consumption. Don't allow yourself to be isolated with someone you don't know or trust. Trust your instincts!

If you experience a sexual assault:

- Report to the Emergency Room at the Naval Hospital as soon as possible. Report the crime immediately to the police (the staff in the Emergency Room will help with this report).

- Do not shower, douche, change clothing or urinate if at all possible.

- Have a medical exam and internal gynecological exam as soon as possible.

- Do not disturb the scene of the assault.

- INFORM THE POLICE/SECURITY/NAVAL CRIMINAL INVESTIGATIVE SERVICE OF ALL DETAILS OF THE ATTACK, HOWEVER INTIMATE, AND ANYTHING UNUSUAL YOU MAY HAVE NOTED ABOUT THE ATTACKER. SHOW THE POLICE ANY EXTERNAL BRUISES OR INJURIES RESULTING FROM THE ATTACK.

- You may want to call the Rape Crisis Center in San Juan (909-765-2285/2412/7840) for instructions and support.



RECENTLY, LCDR SUSAN MUELLER, HEAD, OBGYN DEPARTMENT, U. S. NAVAL HOSPITAL, ROOSEVELT ROADS, JODI DIAZ NCIS SPECIAL AGENT, FORENSIC SPECIALIST, FRANK HERNANDEZ, NCIS SUPERVISOR SPECIAL AGENT, ROBIN DORF, SEXUAL ASSAULT VICTIM SERVICES AGENT AND LT MICHAEL LUKE, JAG CORPS, TRIAL SERVICE OFFICE, MAYPORT, COLLABORATIVELY PRESENTED AN IN-SERVICE FOR ALL HEALTH CARE PROVIDERS AND STAFF AT THE NAVAL HOSPITAL ON THE PROCEDURAL GUIDELINES FOR SEXUAL ABUSE, SEXUAL ASSAULT AND RAPE. THESE PROCEDURAL GUIDELINES ARE FOLLOWED WHEN CARING FOR ALL VICTIMS REPORTING TO THE NAVAL HOSPITAL WITH ANY OF THESE COMPLAINTS.

Rape is a violent crime, an invasion and a frightening experience. By being aware of and avoiding potentially risky situations where sexual assault and rape may occur, women will decrease their risk of experiencing these crimes.

References:

Rape prev at www.ncf.carleton.ca
 (pamphlet prepared by Dean of Students Office for Women's Resources and Services
 McKinley Health Education Dept.
 University Police
 University of Illinois)

<http://www.rainn.org/whattodo.html> Rape Abuse & Incest National Network (RAINN Statistics and RAINN What Should I do.....)

PROCEDURAL GUIDELINES FOR SEXUAL ABUSE/ASSAULT/RAPE

LTJg Aaron Bailey discusses some of the finer points of Defense during Christian Boys Basketball Camp Held at the Roosevelt Roads Gym



Michael Franklin, one of our recent Red Cross Youth Volunteers and the son of LT Dian Franklin receive some last minute advice before "Takin' the Rock to the Hole" on one of his friends



If Defense Wins Championship's then Brendon Shaw has a few rings in his future as he sticks to his man like "hot grits to a pot" during checking drills at the recent Youth Basketball Camp. Brendon is the oldest son of LCDR Charles Shaw, Naval Hospital DFA

WHAT'S IN A NAME?

TRICARE Implements Program to make Appointment Scheduling Easier

Primary Care Manager or "PCM" by Name is a way to assign patients their own physician who will manage their care and improve access to appointments.

How will this be done?

The hospital computer system will help identify your PCM. In some cases, where the PCM has not been determined or requested, a PCM will be assigned according to the Unit Identification Code (UIC) of the sponsor's command.

Who are the PCM's?

3 PCM groups support the 13 individual PCM's. The groups are Family Medicine, Pediatrics, and Internal Medicine. When your PCM is not available, you can be scheduled to see another provider.

What choice do I have?

You can call the TRICARE Service Center at 865-5913 and choose a PCM. Patients with complex medical conditions can enroll directly to an Internal Medicine PCM. Children age 15 and younger or enrolled in the Exceptional Family Member Program may choose a Pediatric PCM. Each PCM will be responsible for a certain number of patients.

Can I change my PCM and if so, how?

Yes, but the PCM must have the space to accept you. If you decide to change your PCM, please visit or call the TRICARE Service Center at 865-5913.

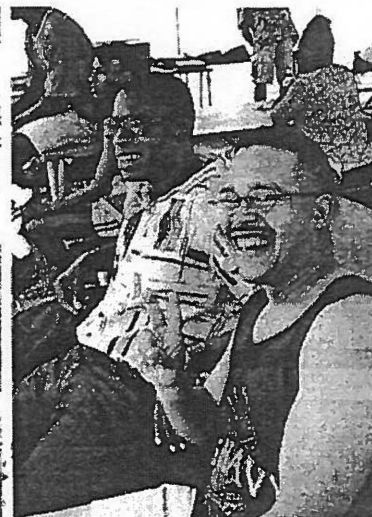
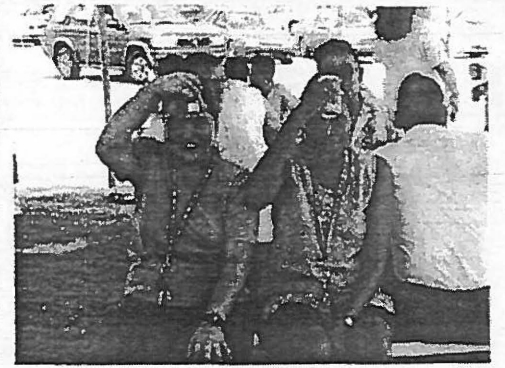
What else do I need to know?

Every effort to assign the correct PCM will be made; however, mistakes can occur and will most likely be discovered when you call for an appointment. If the PCM assignment is incorrect, please contact the TRICARE Service Center so a correction can be made. This will make it easier to make your appointment.

When will PCM by Name happen?

Our target date for completion is the end of July. We ask that you please bear with us during this change and apologize in advance for any inconvenience this might cause. Please contact the TRICARE Service Center during regular business hours if you have any questions.

COMMAND PICNIC AND FAMILY FUN DAY



THE FORCE CALL



HMCM Mark Weldon, fields some tough questions at the Force Master Chief's Call held June 16 in the Naval Hospital Galley

Tough. Intelligent. Articulate. Knowledgeable. These are merely a few words to describe the questions raised by both Junior and Senior Sailors during the Force Call scheduled as part of the 102nd Hospital Corps Anniversary celebration.

HMCM Mark Weldon, Director for Enlisted Personnel Navywide at the Bureau of Medicine and Surgery (BUMED), gave the enlisted staff the opportunity to voice some of their concerns about what's going on with the fleet. And what a voice they had - as the audience posed questions regarding everything from child care & advancement opportunities, to Island issues, watchstanding, commissioning packages, order modifications and quality of life. You got the impression, though, that Master Chief Weldon has been doing his job, and doing it well, for quite some time, as he stood his ground and answered every question thrown his way.

Some of his answers weren't particular popular with the assembled crowd - but they were fair, and, most importantly, were consistent with his philosophy for Naval Medicine and the ultimate responsibilities that corpsmen have - the primary responsibility being

maintaining Operational Readiness.

Master Chief Weldon preached that, at the end of the day [if we were to go to war], it is every Corpsman's job to know -with practicality- the basic skills learned in Corps School and FMSS. These are the skills that will save lives.

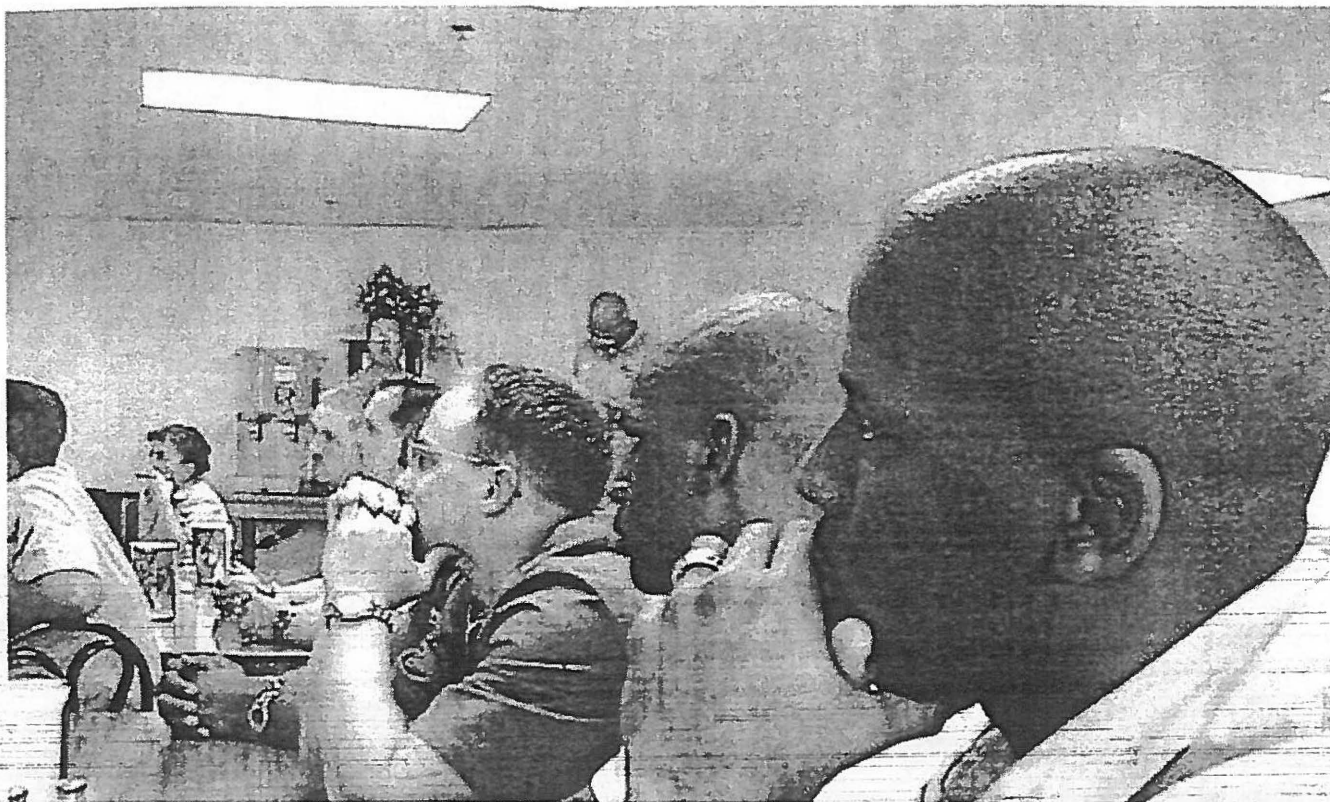
HMCM Weldon also expressed his belief in the need for senior enlisted sailors to maintain their versatility. It is these first and second classes, he said, that need to be able to lead when called; and it is paramount that they maintain the abilities that they learn early in their careers.

Without question it was an honor to have the Force Master Chief take the time to listen to his sailors. One day one of us may very well be standing in his place answering the hard questions. That is the test of strong leadership.

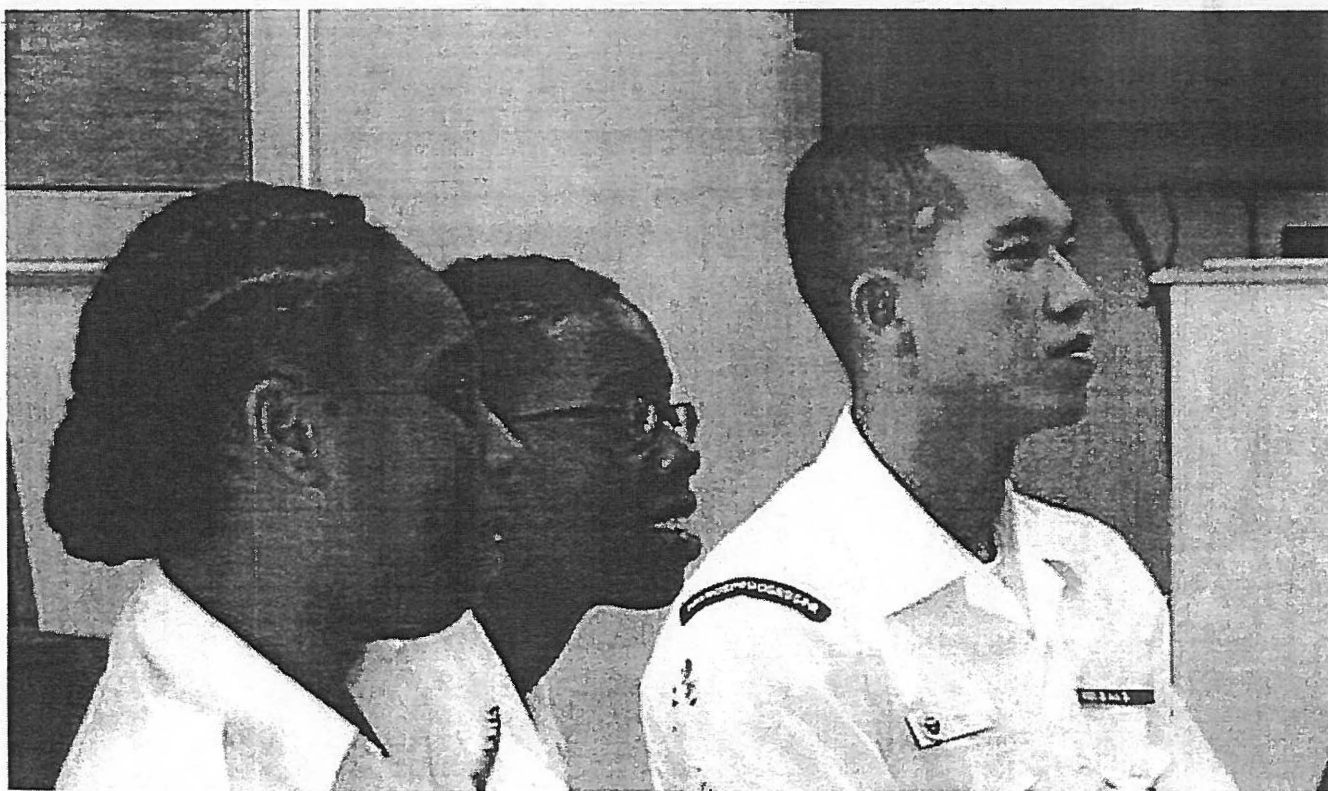
Story and Photo's by HN Daniel L. Henry,
Naval Hospital Public Affairs



HM2 Dunkley voices her concerns on C-School availability



Naval Hospital Pharmacy Techs (from left) HM2 Jason Williams, HM2 Charles Littles and HM2 Orlando Widow listen as the Master Chief Weldon reflect on his vision for Navy Medicine and opportunities for Hospital Corpsman while (below) Three of our soon to be frocked Third Class Petty Officers (Select), HM3 Jacky Payne, HM3 Marissa Perry and HM3 Ou



SCENES FROM A BALL

NAVAL HOSPITAL PUTS ON A "FANTABULOUS" 102ND ANNIVERSARY CELEBRATION

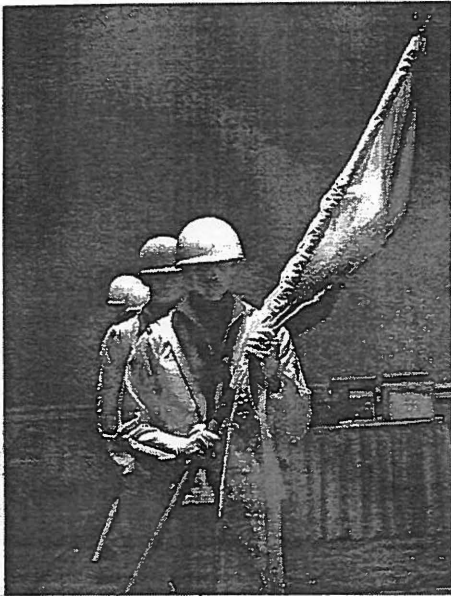
STORY BY HM3 ANTHONY MASSEY PHOTO'S BY HN DANIEL HENRY



In 1898, the U.S. Navy saw the need for an enlisted healthcare provider. It was found that in wartime situations, someone with certain medical expertise would be essential on the front lines. After trial and error today's Hospital Corpsman was created. Now one hundred and two years later, we the Hospital Corpsman of the 21-century celebrate the men and women who gave their lives to give us the opportunity to serve. For a century plus, men and women known by U.S. Marines as "Doc" were at the forefront of Navy medicine. For over a hundred years these men and women have displayed uncommon valor and accomplishment above and beyond the call of duty. The Naval Hospital Roosevelt Roads under the command of Captain Russ Brown carried on the traditions set by our past shipmates and celebrated this wonderful occasion in true military fashion.

One of Puerto Rico's most exquisite nights was the backdrop for the Roosevelt Roads 102nd Hospital Corps Ball held at the beautiful Palmas Del Mar Country Club and Resort. The night began with a social hour allowing for guests to mingle - and admire each other's best. Very little is more profound than having an opportunity to rub elbows with high-ranking officers and enlisted in a comfortable environment. The Master of Ceremonies, HM1 Timothy Hanley called the guests to order and introduced the official party and

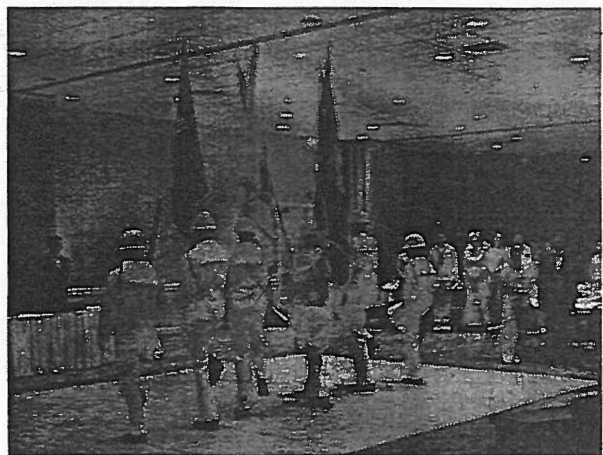




honored guests, Admiral and Mrs. Kevin Green, Captain and Mrs. Russ Brown, HMCM Mark Weldon, and HMCM and Mrs. Charles Ratliff. HMCM Ratliff gave meaning to the occasion with his opening remarks, which included his own words of pleasure of the accomplishments made by hard-working corpsmen Navy wide. We were next honored with Naval Hospital's own Color Guard led by HM2 Mark Tomlin, who paraded the national ensign as well as the Puerto Rican national flag. Hidden talent was found amongst our ranks as Ms. Julissa

Sanchez sang her rendition of the Puerto Rican national anthem followed by the National Anthem led by HM3 Anthony Massey. As every head bowed Chaplain Maurice Buford offered a solemn moment of reflection in his invocation. Every Hospital Corpsman amongst us, young and old, past and present were drawn back to their roots; as the newly frocked HM3 Romy Salomon led us in the Hospital Corps Pledge.

Said to be the most intense aspect of every Hospital Corps birthday celebration, HMCM Clarence Hodges brought tears to the eyes of onlookers as he led the POW/MIA Remembrance. A table was set for those who could not be with us on that evening. Those who gave more than their time, more than their all, those who gave their lives. Now what would a birthday party be without the presents of cake. Naval Hospital's youngest corpsman HN Bruer, most "experienced" corpsman HMC Marvin Mumbolo, and our very own Commanding Officer CAPT Brown cut the cake and kicked off another year of the "Corps."



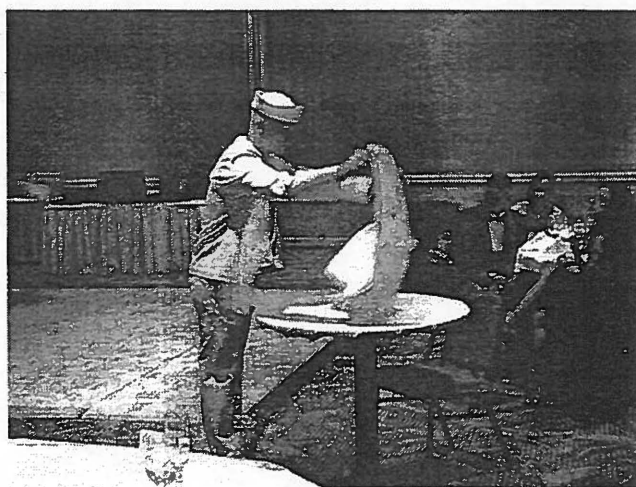


Palmas did not let us down this year as a mouth-watering, delectable buffet-styled dinner was served. Of course, some of our shipmates ate a little more than their share, but it still made for a wonderful evening. After the lines died down and the last piece of cake was served, HMC Hanley again took to floor to introduce our guest speaker. A man who's career spoke more for him than any words possibly could, the seventh Force Master Chief of the Navy Medical Department and Director of Medical Department Enlisted Personnel, HMC Mark Weldon.

HMC Mark Weldon gave us reminder of not only the reason for our assembly but our duties to ourselves, the Hospital Corps, as well as our shipmates. His words of encouragement and pride put re-enlistment in the hearts and minds of all that attended.

Every remarkable event has one thing in common: brilliant minds who take the time and effort to plan and execute. This year co-chairmen - HMC Carla Berendes and HMC Bryce McNair - were the brains behind the night's gala. They presented our honored guests, as well as the hard working Hospital Corps Birthday Ball committee with well-deserved gifts and recognition.

Ding Ding, Ding Ding, ladies and gentlemen... raise your glasses. Admiral Kevin



Green expressed his fondness and respect for the members of the Navy's [only] enlisted Corps. He gave toast not only to the Hospital Corps; but also all that it has accomplished through the years with caring and hardworking sailors as the one that attended the nights celebration.

Just when the night could not get any better, it did. One of Roosevelt Roads brightest and most eloquent speakers, HN Daniel Henry read his original poem, "The Best of Men". For those who ever questioned their roll as a Hospital Corpsman this thought provoking symphony of expression answered those questions with heart touching grace.



Finally, to end the ceremony Captain Brown, who himself served in the Hospital Corps before being commissioned in the Medical Service Corps offered his closing remarks. Captain Brown spoke of the pride that he had of not only the members of the Hospital Corps Birthday Ball committee, but of all the sailors in his presents. His words struck a chord, as he seemed to congratulate us all collectively as well as individually for a "job well done."



— So what else do you do at a party? You dance! And dance we did! From E-1 to O-8, the dance floor lit up with quick feet- not very much grace- but lots of fun. In between the dancing and photo opportunities some of the night's guests walked away with some wonderful door prizes that ranged from candles to a brand new DVD player. I myself did not win a

DVD player, but what I did walk away with is the same thing that everyone did, a new appreciation for my Corps. Sometimes the hardest thing to do in our everyday lives is to say, "good job shipmate." Events such as this seem to quell the complaints of advancement tables, pay problems, and of course "Island" issues. It's wonderful to just get in the company of your shipmates and celebrate all that has been accomplished in the world's finest Navy and finest Hospital Corps, yesterday, today and tomorrow.

THE BEST OF MEN

© 2000 DANIEL L. HENRY

I HAVE SEEN THE WORST THAT MEN CAN DO...
THE CARNAGE OF HIS WARS
AND YET I STRIVED TO HONOR TRUE, MY DUTY TO MY CORPS

I HAVE BEEN IN BATTLES GRAND ENOUGH
TO CAUSE GREAT GENERALS DREAD
AND WALKED A PATH TO GLORY PAVED WHERE ANGELS FEAR TO TREAD

I HAVE SWAM BENEATH THE ROLLING CRESTS
OF POSEIDON'S MIGHTY WAVES
TO SAVE MY SHIPMATES FROM THE DEPTHS OF COLD AND MURKY GRAVES

I HAVE WALLOWED THROUGH THE BLINDING SMOKE
IN THE BOWELS OF BURNING SHIPS
THAT I MIGHT PULL SOME SAILOR FROM THE REAPERS SILENT GRIP

I HAVE STORMED THE SHORE OF CRIMSON SAND
ON TARAWAS WAR TORN BEACH
AND RAISED MY STANDARD HIGH TO STAND AT SURABICHI'S PEAK

I HAVE BOUNDED O'ER THE BLOODY BATH
IN OKINAWA'S WAKE
THE ONLY FEAR TO CROSS MY MIND THAT I MIGHT BE TOO LATE

I HAVE SNATCHED MARINES FROM IN HARM'S WAY
MY BODY AS A SHIELD
AND DANCED WITH BULLETS IN THE MIDST OF SAIGON'S KILLING FIELDS

I HAVE CRAWLED WITHIN THE RUBBLE OF
THE REMNANTS OF A BOMB
AND FIXED THE BROKEN BODIES IN THE STREETS OF LEBANON

I HAVE MINISTERED TO MY ENEMY
IN THE BURNING DESERT SANDS
AND RISKED MY LIFE FOR THOSE WHO DID NOT WANT ME IN THEIR LAND

I HAVE WRAPPED THE WOUNDS OF MEN IN PAIN
SO GREAT THEY COULD NOT CRY
AND WIPED THE TEARS OF THOSE WHO WOULD BUT DID NOT WANT TO DIE

I HAVE SEEN THE EYES OF MEN POSSESS
THE SOLEMN LOOK OF DEATH
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